AFGHANISTAN: SQUASHED UNDER THE GROWING MOUNTAIN OF DISABILITY

By

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Solution For The One Million Disabled Of Afghanistan And Four Million Disabled Of Pakistan Lies In Constructing Disability Cities Containing Disability Universities

Afghan war has caused a tremendous damage to the country in different ways, some permanent others partially reversible. This deals with only one aspect of the total damage i.e. disability. By some estimates there are 2 million disabled persons in Afghanistan - nearly one disabled person in every family.

According to UN estimates nearly one million Afghans have died in the Afghan war and nearly half a million permanently disabled and there are 700,000 widows and orphans. Our own survey reveals this disability figure to be around one million and rising faster than the rate of cure.

Reconstruction of Afghanistan is a massive problem with so many sectors deserving top priority such as economy, agriculture, industry, demining, health and education. Unfortunately all these must wait till there is real peace and security in the country.

Disability is a reduced capacity to perform a normal physical or mental function. This is caused by an impairment which is absence or malfunction of a part of the body. Impairment and disability produce a handicap in a person to play a role normal for his/her/its age, sex, culture and environment.

A disabled person is at a great disadvantage in a developing country. He not only lacks proper function of a part of his body or altogether lacks the part of the body but also gets bitter and frustrated as a consequence of this disability and due to poor accomodation of such a person in the society. He/she/it will have economic and social and psychological problems and poor chances of advancement of his/her/its faculties in terms of education and skill.

How should one deal with this massive problem as one among many other massive problems of Afghanistan? How much attention should this problem be given, what funds should be allocated and how best should these funds be spent?

A number of governmental, non-governmental, UN and international agencies are trying to deal with different aspects of disability, each holding onto one head of this many-headed Hydra. Some believe there should be a drive towards awareness and advocacy, others believe in the treatment aspect of the disability, physical or mental.

For the sake of brevity we shall discuss physical disability only. Physical disability may be due to trauma or burns related or not related to war, congenital deformities, cancer or infection. The manifestations would be mental problems, neurological deficits, loss of limbs, burn contractures of joints, disfigurement, blindness, deafness and dumbness.

According to their mandates and capabilities various organisations pick up one or more of these problems to solve. The most popular among these are those who fix an artificial limb for an amputee because most laymen associate disability with loss of a limb. However, this constitutes one fifth of the total disability. Also, their services are sometimes duplicated due to one amputee selling his not-so-good artificial leg to another amputee, and then lining up for a better prosthesis at another agency.

In a survey sponsored by UNICEF we visited 85 villages in Kunar and Paktia provinces of Afghanistan and questioned nearly 15,500 people. Among these 11.5% were found to have disabilities, about 5% war-related and 65% non-war-related. Of these disabled, 18% were war-related amputees, the non-war-related amputees being less than 2%.

Other war-related disabilities consisted of burns, burn contractures of joints, disfigurements, head-and spinal injuries, mental disabilities, blindness and deafness. The non-war-related disabilities were caused by polio, meningitis, eye infections, vitamin A deficiencies, congenital deformities such as club feet, cleft lips and palates, blindness and deafness. A very significant finding was that over 20% of these disabilities could be totally or subtotally removed by Reconstructive Surgery. However, this service is seldom, if ever, mentioned in various reports. I can imagine, how many limbs could have been saved if proper attention were paid to the possibilities of their reconstruction rather than amputation, And how much of subsequent sorrow, care and money could have been saved. Reconstructive Surgeons are rare birds, however.

This leads us to the consideration of the most suitable method of tackling disability problem in developing countries and countries during a war.

Is Afghanistan capable of handling this problem? Can it leave the disabled unattended? If not, what would be the disadvantages?

Afghanistan, certainly at present and most probably in the next 10 years, does not seem to have the resources and skilled persons to look after a million or more disabled people. However, if it leaves them unattended it would cost the country more in terms of money as these people are not only unable to perform normal functions and produce something useful for themselves, their families and their country, but on the contrary, are a burden for the family and the country for the rest of their lives. So, over the years, it is going to be much more costly not to treat them than to treat them right now. In other words, Afghanistan is mortgaged at a very high compound interest rate.

If Afghanistan cannot solve it how can others help her out on humanitarian and other grounds? Pakistan is its natural helper and the burden ought to be borne by it rather than looking around for someone else to come in and help. There are numerous advantages to Pakistan too, so it should be her good pleasure rather than a burden to be resented.

In the place of multiple small facilities working separately, disparately and desperately in an attempt to overcome this multifarious evil a coordinated, integrated service with pooling of financial resources, facilities and skills would be a far more pragmatic approach. On the surface, it may look like an expensive idea to have all the services for disability in one Disability City of, say, 100,000 population of disabled and their care-givers, but this ultimately would be much more economical and availability of experts much easier.

It would provide treatment, rehabilitation, education, training and social adjustment facilities to all kinds of disabled persons mentioned above. They would not live there forever, but long enough to be socially fit when they leave.

Of course land would have to be provided by Pakistan Government in a central area of the country such as in the vicinity of Rawalpindi-Islamabad. Funds for construction and running could be procured from Pakistan Government, other governments, UN, non-governmental agencies and individuals. Individuals would also contribute through voluntary work. It would not be an institution but a conglomerate of institutions, a University of Disability, not a center for the disabled but a Disability City or Mazoor Abad. Soon it would become a symbol of national pride and prestige and an example for others to copy. This being the first, the most central and the largest one, there would be need for 4 more similar facilities for Pakistan alone with a disabled population of 4 Million, and for 3 similar facilities for Afghanistan with a million disabled.

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PERFORMANCE

FEBRUARY 1988 - JUNE 1992 (52 months)

REASON FOR SURGERY	CHILDREN 0-2	CHILDREN 2-5	CHILDREN 5-18	WOMEN	MEN	TOTAL	%
Burns	36	158	345	56	42	637	33.53
Burns of War	0	6	104	15	9	134	7.05
Congenital	79	63	107	4	16	269	14.16
Cosmetic	0	0	0	9	4	13	0.68
Infection	15	4	52	47	18	136	7.16
Miscellaneous	0	0	9	1	18	28	1.48
Neoplasm	13	8	28	25	79	153	8.05
Polio	1	2	14	0	1	18	0.95
Sex	4	6	9	0	1	20	1.05
Trauma	5	21	105	23	43	197	10.37
Trauma of War	3	11	62	29	190	295	15.53
Total	156	279	835	209	421	1900	
%	8.21	14.68	43.95	11.00	22.15		

PERFORMANCE

FEBRUARY 1988 - JUNE 1992 (52 months)

TYPE OF SURGERY	CHILDREN			WOMEN	MEN	TOTAL	%
	0-2	2-5	5-18				
Cosmetic	0	0	5	10	7	22	1.16
Debridements	11	17	34	32	16	110	5.79
Flaps	7	15	70	13	53	158	8.31
Miscellaneous	9	5	35	11	34	94	4.95
Reconstruction	87	77	209	50	135	558	29.37
Release of contractures	18	60	172	27	55	332	17.47
Skin Grafts	23	105	310	66	121	626	32.95
Total	156	279	835	209	421	1900	
%	8.21	14.68	43.95	11.00	22.16		

PERFORMANCE YEARWISE

FEBRUARY 1988 - JUNE 1992 (52 months)

REASON FOR SURGERY	1988	1989	1990	1991	1992	Total	%
Burns	19	84	195	235	104	637	33.53
Burns of War	1	13	37	60	23	134	7.05
Congenital	9	31	61	105	63	269	14.16
Cosmetic	3	8	0	0	2	13	0.68
Infection	0	0	42	63	31	136	7.16
Miscellaneous	3	13	7	3	2	28	1.47
Neoplasm	18	29	41	34	31	153	8.05
Polio	0	1	2	12	3	18	0.95
Sex	6	3	4	0	7	20	1.05
Trauma	41	28	39	67	22	197	10.37
Trauma of War	100	105	60	18	12	295	15.53
Total	200	315	488	597	300	1900	
%	10.53	16.58	25.68	31.42	15.79		

PERFORMANCE YEARWISE

FEBRUARY 1988 - JUNE 1992

TYPE OF SURGERY	1988	1989	1990	1991	1992	Total	%
Cosmetic	3	8	6	2	3	22	1.16
Debridements	7	3	43	48	10	111	5.84
Flaps	19	29	19	71	20	158	8.31
Miscellaneous	21	33	18	3	17	92	4.84
Reconstruction	65	86	122	175	111	559	29.42
Release of Contracture	17	60	98	105	53	331	17.42
Skin Grafts	68	96	182	195	86	627	33
Total	200	315	488	597	300	1900	
%	10.53	16.58	25.68	31.42	15.79		